



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
		IKEDA	J	(808) 969-7950
MAILING ADDRESS (Street)				FAX
533 KANINI CIRCLE, #1100, #11				(808) 935-1367
(City)	(State)	(Zip Code)		
HILLO	HAWAII	96920-2752		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)	(State)	(Zip Code)		

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA			(916) 449-1370
MAILING ADDRESS (Street)			FAX
1415 L STREET, SUITE 670			(916) 449-1378
(City)	(State)	(Zip Code)	
SACRAMENTO	CALIFORNIA	95814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
SAMUEL SORICH			(916) 449-1370
MAILING ADDRESS (Street)			FAX
1415 L STREET, SUITE 670			(916) 449-1378
(City)	(State)	(Zip Code)	
SACRAMENTO	CALIFORNIA	95814	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
✓ Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
SAMUEL SORICH		VICE PRESIDENT & WESTERN REGIONAL MGR.	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA		(916) 449-1370	
MAILING ADDRESS (Street)		FAX	
1415 L STREET, SUITE 1670		(916) 449-1378	
(City)	(State)	(Zip Code)	
SACRAMENTO,	CALIFORNIA	95814	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
(Signature of Authorizing Officer or Person Represented)		(Date)	
Samuel Sorich		1/4/05	